Update
Est 13931

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, Red Eagle Media Group	, hereby request station time a	s follows: See Order for proposed					
schedule and charges. See Invoice for actual schedule and charges.							
Check one:							
Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level. Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates							
only to a state or local issue).							
ALL QUE	ESTIONS/BLOCKS MUST BE C	OMPLETED					
Station time requested by:							
Agency name: Red Eagle Media Group							
Address: 815 Slaters Lane Alexandria, VA	22314						
Contact:	Phone number: 703-683-4877	Email:					
Name of advertiser/sponsor (list entity/committees] with no acronyms; name m	s full legal name as disclosed to the F nust match the sponsorship ID in ad):	ederal Election Commission [for federal					
Name: Save America							
Address: Save America, PO Box 13570, Ar	Address: Save America, PO Box 13570, Arlington, VA 22219						
Contact:	Phone number:	Email:					
Station is authorized to announce the t	ime as paid for by such person or en	tity.					
List ALL chief executive officers, member governing group(s) of the advertiser/sp Bradley Crate - Treasurer By signing below, advertiser/sponsor representative committee and board of direct	onsor (Use separate page if necessar	y.):					
If ad refers to a federal candidate(s) or		ing: N/A					
Name(s) of every candidate referred to							
Office(s) sought by such candidate(s) (n	o acronyms or abbreviations):						
Date of election:							
Clearly identify EVERY political matter ad (no acronyms); use separate page if		the N/A N/A ly in Des Moines					

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Advertiser/Sponsor Station Representative				
Signature: Steve Syckes Name: Steve Syckes		Signature: Ullu MCRSD			
Name: Steve Syckes		Name: Kelli Evickson			
Date of Request to Purchase Ad Time:		Date of Station Agreement to Sell Time:			
то	BE COMPLETED	BY STATION ONLY			
Ad submitted to station? Yes	No	Date ad received:			
Note: Must have separate PB-19 form	ns for each version o	of the ad (i.e., for every ad with differing copy).			
If only one officer, executive committee in writing if there are any other officers, update this form if additional officers, n	, executive committe	r is listed above, station should ask the advertiser/sponsor se members or directors, maintain records of inquiry and s are provided.			
Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason:					
*Upload partially accepted form, then promptly upload updated final form when complete.					
Date and nature of follow-ups, if any: 10/b 16:30 Central Adding FEC Statement of Organization For Save America					
Contract #:	Station Call Letters:	Date Received/Requested:			
Est. #:	Station Location: SIOWX Ctu	Run Start and End Dates:			
For national issue ads only (not requir	ed for state/local is	sue ads):			

Upload order, this disclosure form and invoice (or traffic system print-out) or other material reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased (including date, time, class of time and reasons for any make-goods or rebates) or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

Image# 202107279451998131

STATEMENT OF

PAGE 1/9 =

FEC FORM 1			BANIZ		l		Office	Use Only	
NAME OF COMMITTEE (ir	full)	(Chec	k if name nged)	Example over the	:If typing, type lines.	12FE			
SAVE AME								Kalenda	
	1 1 1 1							P P P	
ADDRESS (number a	nd street)	P.O. BOX 135	70				1 1 1 1	1 1 1	لتتت
(Check if a is changed		ARLINGTON CITY A				VA STATE	22219	ZIP CO	DDE A
COMMITTEE'S E-MA	AL ADDRES	SS							
(Check if a is changed		SAVEAME	RICA@RED	CURVE.C	OM	-1-1-1			
		Optional Seco	nd E-Mail Add	dress					1
COMMITTEE'S WEB (Check if a is changed)	address	DRESS (URL) WWW.DONAL	DJTRUMP.CO	M					لبين
2. DATE 0		2021							
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	00762591					
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED (A)				
I certify that I have e	xamined th	is Statement an	d to the best	of my know	edge and belief	it is true, co	orrect and co	mplete.	
Type or Print Name	of Treasurer	CRATE, BRAI	DLEY, T., ,						
Signature of Treasure	CRAT.	E, BRADLEY, T., ,		[Elec	tronically Filed]	Date	M = M / T	27 /	2021
NOTE: Submission of	false, errone	ous, or incomple	te information	may subject t ON SHOULD	he person signin BE REPORTED	g this Statem	ent to the per	alties of 2	U.S.C. §437g.
Office Use Only				Fede Toll f	further information ral Election Commit- Free 800-424-9530 I 202-694-1100			EC FOR Revised 06/2	

FEC F	prm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	
Name of Candidate		
Candidate Party Affilia	Office tion Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		
SAVE AMERIC	A .	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
TRUMP MAKE AMER	RICA GREAT AGAIN COMMITTEE	
Mailing Address	725 FIFTH AVENUE	
Walling Address	NEW YORK NY STATE	10022 ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee 😿 Joint Fundraising Representative	e Leadership PAC Sponso
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the pers	son in possession of committee
Full Name	BRADLEY, T., , C/O RED CURVE SOLUTIONS	
Mailing Address	138 CONANT ST, 2ND FL	
	BEVERLY	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 617	303 - 6800
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
Full Name CRATE, B of Treasurer	RADLEY, T., ,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FL	
	BEVERLY MA STATE	01915 ZIP CODE
Title or Position TREASURER	Telephone number 617	

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent		řiři	
Mailing Address		1 1 1 1 1	
		1 1 1 1 1 1	
	CITY	STATE	ZIP CODE
Title or Position	Telephone n	umber	
safety deposit boxes or mai Name of Bank, Depository,		ittee deposits	funds, holds accounts, rents
		1 1 1 1 1	22404
	MCLEAN	VA	22101
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
CLASS Mailing Address	SIC CITY BANK 2365 WEST BROAD ST		
	ATHENS	GA	30606
	CITY	STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(g)or(h). Joint Fundraising Participant: 1.					
FEC ID number C 3.	or(h). Joint Fu	ndraising Participar	t:		
FEC ID number C SAVE AMERICA JOINT FUNDRAISING COMMITTEE Mailing Address P.O. BOX 13570 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee State Address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲	1,			FEC ID number	C
A. STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ C FEC ID number C	2.			FEC ID number	C
ARLINGTON Relationship: Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SAVE AMERICA JOINT FUNDRAISING COMMITTEE Mailing Address P.O. BOX 13570 ARLINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee	7			FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SAVE AMERICA JOINT FUNDRAISING COMMITTEE Mailing Address P.O. BOX 13570 ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Leadership PAC Sponsor Affiliated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲				FEC ID number	С
SAVE AMERICA JOINT FUNDRAISING COMMITTEE Mailing Address P.O. BOX 13570 ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	4.			J)/	
SAVE AMERICA JOINT FUNDRAISING COMMITTEE Mailing Address P.O. BOX 13570 ARLINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	Name of Any Col	nnected Organizatio	n. Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
ARLINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲					
ARLINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲			1111111111		
ARLINGTON Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲		111111			
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee × Joint Fundraising Representative Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼	Mailing Addr	ess P.O. BOX	13570		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee × Joint Fundraising Representative Leadership PAC Spons Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼		liii			
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Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲					
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲		11			
TITLE OR POSITION ▼	8	: Identify by name, a	ddress (phone number – optional		
TITLE OR POSITION ▼	Full Name	111111	ddress (phone number – optional		
TITLE OR POSITION ▼	Full Name	111111	ddress (phone number – optional		
	Full Name	111111	ddress (phone number – optional		
Tolophono radinoli Laborata	Full Name L	s L			ZIP CODE ▲
	Full Name L	s L		STATE A	ZIP CODE ▲
	Full Name L	s L		STATE A	ZIP CODE A
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents	Full Name Mailing Addres TITLE OR PO	s	CITY A banks or other depositories in wh	STATE ▲ Telephone Number	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	Full Name Mailing Addres TITLE OR PO	s	CITY A banks or other depositories in wh	STATE ▲ Telephone Number	
safety deposit boxes or maintains funds. Name of Bank,	Full Name Mailing Address TITLE OR PO Banks or Other Desafety deposit boxon Name of Bank,	s	CITY A banks or other depositories in wh	STATE ▲ Telephone Number	
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name Mailing Addres TITLE OR PO Banks or Other D safety deposit box Name of Bank, Depository, etc.	SITION ▼ Depositories: List all les or maintains funds	CITY A banks or other depositories in wh	STATE ▲ Telephone Number	
safety deposit boxes or maintains funds. Name of Bank,	Full Name Mailing Addres TITLE OR PO Banks or Other D safety deposit box Name of Bank, Depository, etc.	SITION ▼ Depositories: List all les or maintains funds	CITY A banks or other depositories in wh	STATE ▲ Telephone Number	
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name Mailing Addres TITLE OR PO Banks or Other D safety deposit box Name of Bank, Depository, etc.	SITION ▼ Depositories: List all les or maintains funds	CITY A banks or other depositories in wh	STATE ▲ Telephone Number	
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name Mailing Addres TITLE OR PO Banks or Other D safety deposit box Name of Bank, Depository, etc.	SITION ▼ Depositories: List all les or maintains funds	CITY A banks or other depositories in wh	STATE A Telephone Number ich the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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or(h). Joint Fundrais i	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
		FEC ID number	С
4.			
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	A GREAT AGAIN PAC		
Mailing Address	P.O. BOX 13570		
	Littini		
	ARLINGTON	I VA I	22219
		STATE ▲	ZIP CODE ▲
Relationship:	CITY ▲	• • • • • • • • • • • • • • • • • • • •	
		Fundraising Represent	ative Leadership PAC Spons
Connecto			ative Leadership PAC Spons
Connecte Designated Agent: Identi	ed Organization X Affiliated Committee Joint F		ative Leadership PAC Spons
Designated Agent: Identi	ed Organization X Affiliated Committee Joint F		ative Leadership PAC Spons
Designated Agent: Identi	ed Organization X Affiliated Committee Joint F		ative Leadership PAC Spons
Designated Agent: Identi Full Name Mailing Address	ed Organization Affiliated Committee Joint F		Leadership PAC Spons
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint Fifty by name, address (phone number – optional)	Fundraising Represent	ZIP CODE A
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint Fifty by name, address (phone number – optional) CITY Tele Tories: List all banks or other depositories in which the	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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or(h). Joint Fundraisin	g Participant:		
1.	Learnanaining	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	rererererel	FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr M MAJORITY FUND	raising Representative	e, or Leadership PAC Sponsor
	C/O RED CURVE SOLUTIONS		1
Mailing Address			
	138 CONANT ST, 2ND FL		
	BEVERLY	I MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	y by name, address (phone number - optional)		
Pull Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ Te ries: List all banks or other depositories in which	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(g) c				
3/-	or(h). Joint Fundraisir	ng Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
		Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	MAX MILLER VIC	CTORY	111111	
	Larana a a a		111111	
		824 S MILLEDGE AVE STE 101		
	Mailing Address			
		ATUENO	ı GA ı	30605
		ATHENS		and and
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sponsor
	Doorgination rigorial toother	y by name, address (phone number - optional)		
	Full Name		1 1 1 1 1 1	
	Full Name Mailing Address			
	1,			
	1,			
	1,	CITY A	STATE A	ZIP CODE ▲
	Mailing Address	∀		ZIP CODE A
į	Mailing Address	∀	1	
3	Mailing Address TITLE OR POSITION Banks or Other Deposito	ories: List all banks or other depositories in which	elephone Number	
i	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in which	elephone Number	
,	Mailing Address TITLE OR POSITION Banks or Other Deposito	ories: List all banks or other depositories in which	elephone Number	
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank,	ories: List all banks or other depositories in which	elephone Number	
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail of Bank, Depository, etc.	ories: List all banks or other depositories in which	elephone Number	
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail of Bank, Depository, etc.	ories: List all banks or other depositories in which	elephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:		
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	2.		FEC ID number	С
	r	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FEC ID number	C
	3.	1	FEC ID number	С
	4.			
•	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	or Leadership PAC Sponsor
6.	TRUMP, DONALE		ionig riopiesonaure	, or <u></u>
	Mailing Address	P.O. BOX 13570		
			K - K - K - K - K - K - K	
		ARLINGTON	VA	22219
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint	Fundraising Representa	ative K Leadership PAC Sponsor
8.	Full Name	by name, address (phone number - optional)		
	Mailing Address			
			111111	
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TI	i i	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	he committee deposit	s funds, holds accounts, rents
	Name of Bank,		15 - 10 - 17 - 18 - 18 - 18 - 18 -	
	Depository, etc.			
	Depository, etc.			
	Depository, etc.		STATE A	ZIP CODE A